Rapid Growth: Frontier Values Create Mental Health Hazards

Looks can be deceiving. Sometimes the most inviting locales can present the most unforseen adversities . . . even in the field of mental health. Take Arizona. This land of enviable climate and opportunity was singled out as one of three "bellweather" states by *Megatrends'* John Naisbett. Yet Arizona presents some alarming behavioral statistics.

Two years ago, Steven Scott, Ph.D., Executive Director of Phoenix South Community Mental Health Center, was confused about what he believed was an overutilization of behavioral health services. His question: Does Arizona have more than its share of problems? His in-house study yielded some sobering answers.

Arizona ranked high in all behavioral health variables he looked at compared to other states, outdone only by Wyoming and Nevada. For example, it was 9th in alcohol consumption ('80) while 5th in the percentage of deaths due to cirrhosis of the liver ('81), 6th in divorce ('83), 6th in suicide ('83), and 11th in child abuse ('81).

Equally sobering is the state's miniscule funding for mental health. Arizona ranks last in the nation of public money for social services per capita, next to Idaho. This is in contrast to its 27th place for general service expenditures (highway maintenance, etc.) and 20th place for personal income.

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Why? "There's a frontier attitude here you don't find other places. People are supposed to take care of their own problems," suggests Dr. Scott. "As a result, the priorities are for infrastructure and the like. I get the feeling that the business sector emphasizes the appearance of wealth at the expense of human services."

Morris Miller, Executive Director of Northern Arizona Comprehensive Guidance Centers, has lobbyed in the state for 15 years. "There are heavy values here that you don't interfere with the individual and his family. Also, many in government fear mental health programs promote dependency, if not create it. I've achieved some success with Republican legislators emphasizing that treatment is intended to help people help themselves."

But recognition that behavioral health should be a priority has been slow in coming, according to these professionals. For example, 70% of Arizona's public funding is earmarked for institutional care. The remainder goes to community services. The result: a gradual shift of resources away from the general population.

But the problems of the general population (child abuse, teen suicide, alcoholism, etc.) can be demanding and devastating. Community psychiatrists feel the pinch. Counseling agencies are generally understaffed to respond. For example, one Northern Arizona center has a five to six week wait for family and child initial evaluations and a three to four week wait for adults. Professionals are pressed to choose which of many crises are more threatening. The result: agencies, intended for outpatient therapy, function more as psychiatric emergency rooms. Less attention is focused on the kind of supportive treatment necessary to prevent the crisis.

Arizona's minimal public funding for behavioral health is matched by the equally minimal private insurance benefits. "There are few unions to press for better coverage and the business sector has been working to pare down what does exist," states Michael Arcuri, M.D., Medical Director, West Yavapai Guidance Center.

Dr. Arcuri recently moved West from Pennsylvania, where he practiced for nine years. He is amazed by the contrast in coverage. "Working people who need psychiatric help here are often left high and dry. Take the alcoholic. Unless he is employed with usually good insurance, there are

no ready resources available. Many third party payers have no provisions for substance abuse. That means that this person could wind up with a $7,000 hospital bill." What about public facilities? "You have to wait weeks and these places are not maintained well . . . actually they're bleak. I've had a number of middle and working class people walk out of them."

Is there something peculiar to this area that contributes to stress? Although there have been no formal studies, these professionals do not believe that either poverty or minorities account for the statistics. Why then?

"I don't think we have the corner on the market for problems. People in Baltimore have their troubles too," states Mr. Miller. "But part of Arizona wants to deny that there could be anything wrong with this beautiful place. We end up not addressing issues that are relevant for us."

Ironically, the dynamic growth that makes this state attractive has also contributed to making it stressful, according to Dr. Scott. He and other professionals believe that the rapid influx of people has led to a "rootlessness" among many. Only one in three Arizonians are native born residents. The result: people are minimally tied to institutions and less invested in each other. Listen to how one psychologist describes where he lives:

"The typical income of my development ranges from $50,000 to $75,000 yearly. We built our house nine years ago and only one other family is still living here that span of time. There's really no neighborhood. I'm the only father I see playing stickball with his kids and the other boys in the area flock to our house."

"Most of the families seem to have severe problems," this professional continues. "My wife, a nurse, was called in twice by the people across the street. The mother had a so-called "accident" but it was obvious she was beaten up. The wife of the man next door left him and the children and he's had a succession of live-in girlfriends. And I can go on and on. The point is, this is a lot different from the small town in which I grew up thirty-five years ago."

Often, people have left families, friends and neighborhoods to pursue the "Arizona Dream." For some this may mean "getting in touch with the environment," "doing your own thing in the last frontier," or simply the hope of more money from more opportunity. When these "good-life" fantasies don't come true, the disappointed are left with nothing familiar on which to fall back. The result: increased incidence of alcoholism, divorce and child abuse.

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Unrealistic expectations also cause problems for the retired, according to John Clymer, M.D., past president of the state medical association. "Unhappy people come West looking for solutions and, of course, bring their problems with them." This Tucson psychiatrist has dubbed the term "Green Valley Syndrome" to describe the elderly, who, deprived of their customary surroundings, become depressed and start drinking. His advice: "Try Arizona first for three months in the summer before you sell your homestead in Michigan or wherever."

The great outdoors, another of Arizona's assets, can sometimes foster social isolation. This may be stressful for certain individuals and also make it more difficult to treat them.

Dr. Arcuri, who practices in a rural area, explains: "Many patients don't have phones or even electricity. They hitchhike to the clinic once a month for medication. You can't make fine adjustments in dosage this way . . . you need more frequent contact."

He described one woman who wanted to discontinue her medicine on a trial basis. She was advised against this because she lived alone without phone or transportation. The patient would have no way to call for help if she needed it. "If she were a CMI patient, we would have the money in the budget to drive out and see her . . . but she isn't," he continues regretfully.

Perhaps the most distressing problem, if one can rank them, is teen suicide . . . and Arizona seems to have more than its share. Phoenix had the highest rate in the nation in 1982. Prescott, a beautifully preserved frontier town nestled in mountains far from urban blight, had ten times that rate the following year.

Concerned about these statistics, Dr. Scott presented his study to a variety of government officials.

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Their response? "Apathy," he states simply. "When we showed these figures to legislators, we were told 'We don't care how Arizona compares with other places . . . we're only concerned about us.'"

Despite this answer, Mr. Miller believes changes will not come solely by influencing legislators. They may understand . . . but there is only so much they can stick their necks out without the support of the general public. People need to be educated first that these problems are prevalent . . . and that we can only deal with them by facing them . . . then the laws will follow."

The implication to psychiatrists is clear. Professionals need to search for ways to cultivate credibility with the people who count . . . the patients.

Peggy Finston, M.D.
Prescott, Arizona

To the Editor:

I have enclosed a check for the 1985 membership dues. As a new physician with a solo practice, I have found it becoming increasingly burdensome to keep up with dues for AMA, ArMA, American Academy of Ophthalmology, PAC's, mandatory malpractice etc., in the face of high initial overhead costs and fighting with the continual passive resistance of insurance reimbursement mechanisms, to meet expenses. It is clear and indeed unfortunate that individual private practice is becoming very difficult to fund and support those first few years. However, my distaste for corporate medical structures or large group practices sustains me.

With respect to the state medical society, as an ophthalmologist, I will be looking very carefully at the degree of support our field receives from the state society. Expanding "scope of practice" legislation is a creeping amoeba today, recurrently introduced into legislatures throughout the country. Optometry, podiatry, chiropractic, naturopathy and nurse practitioners seek to assume the undeserved mantle of "physician." Their threat is akin to the Soviet threat — ever present, requiring eternal vigilance to preserve quality care for patients. We cannot be liberal, "tolerant," conceding talents to these groups when they do not exist. Their continual arrogant attempts to confuse the public must be swiftly answered every time they occur. This is a function of the society. It must especially recognize areas in medicine that are under attack from these groups, and provide continual defense and support for these medical and surgical specialties. No physician, regardless of specialty, should feel safe and complacent. We owe this to our patients, ourselves, and the many medical students, residents, and interns who are currently sacrificing and sweating in programs, expecting public recognition and respect for their talents when they enter practice. I submit my dues because Ophthalmology is still a part of the family of Medicine, and in spite of some of my colleagues who have turned to hucksterism, I hope that it stays that way.

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